

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**10/518095**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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32						
33						
34						
35	1					
36		1				
37		1				
38		1				
39	1					
40		1				
41		1				
42		1				
43		1				
44	1					
45		1				
46	1					
47						
48						
49						
50						
TOTAL	4					
IND.						
DEP.						
TOTAL	4					
CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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99						
100						
TOTAL						
IND.						
DEP.						
TOTAL						
CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS